

**NOTICE TO INDIVIDUAL CONSUMER DEBTOR UNDER § 342(b)
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case. You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total fee \$299)

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a “means test” designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in instalments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them,

using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

Certificate of [Non-Attorney] Bankruptcy Petition Preparer

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

Printed Name and title, if any, of Bankruptcy Petition Preparer
Address:

Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.)
(Required by 11 U.S.C. § 110.)

X _____

Signature of Bankruptcy Petition Preparer of officer, principal, responsible person, or partner whose Social Security number is provided above.

Certificate of the Debtor

I (We), the debtor(s), affirm that I (we) have received and read this notice.

Harris, Ricky

Printed Name(s) of Debtor(s)

X /s/ Ricky Harris

Signature of Debtor

10/30/2008

Date

Case No. (if known) _____

X _____

Signature of Joint Debtor (if any)

Date

United States Bankruptcy Court Northern District of Illinois						Voluntary Petition	
Name of Debtor (if individual, enter Last, First, Middle): Harris, Ricky				Name of Joint Debtor (Spouse) (Last, First, Middle):			
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):				All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):			
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): 9763				Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all):			
Street Address of Debtor (No. & Street, City, State & Zip Code): 1613 Henry Pl Waukegan, IL				Street Address of Joint Debtor (No. & Street, City, State & Zip Code):			
ZIPCODE 60085-1920				ZIPCODE			
County of Residence or of the Principal Place of Business: Lake				County of Residence or of the Principal Place of Business:			
Mailing Address of Debtor (if different from street address)				Mailing Address of Joint Debtor (if different from street address):			
ZIPCODE				ZIPCODE			
Location of Principal Assets of Business Debtor (if different from street address above):				ZIPCODE			
Type of Debtor (Form of Organization) (Check one box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) _____		Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other _____ Tax-Exempt Entity (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).		Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box.) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input checked="" type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding _____ Nature of Debts (Check one box.) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or house- hold purpose." <input type="checkbox"/> Debts are primarily business debts.			
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.				Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts owed to non-insiders or affiliates are less than \$2,190,000. ----- Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).			
Statistical/Administrative Information <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.						THIS SPACE IS FOR COURT USE ONLY	
Estimated Number of Creditors <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000							
Estimated Assets <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1 million to \$10 million <input type="checkbox"/> \$10 million to \$50 million <input type="checkbox"/> \$50 million to \$100 million <input type="checkbox"/> \$100 million to \$500 million <input type="checkbox"/> \$500,000 to \$1 billion <input type="checkbox"/> More than \$1 billion							
Estimated Liabilities <input checked="" type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1 million to \$10 million <input type="checkbox"/> \$10 million to \$50 million <input type="checkbox"/> \$50 million to \$100 million <input type="checkbox"/> \$100 million to \$500 million <input type="checkbox"/> \$500,000 to \$1 billion <input type="checkbox"/> More than \$1 billion							

Voluntary Petition <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): Harris, Ricky	
Prior Bankruptcy Case Filed Within Last 8 Years (If more than two, attach additional sheet)			
Location Where Filed: Northern Dist Of Illinois (Ch 13 - Dismissed)	Case Number: 08-21748	Date Filed: 08/19/2008	
Location Where Filed: N/A	Case Number:	Date Filed:	
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)			
Name of Debtor: None	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
<p style="text-align: center;">Exhibit A</p> <p>(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)</p> <p><input type="checkbox"/> Exhibit A is attached and made a part of this petition.</p>	<p style="text-align: center;">Exhibit B</p> <p>(To be completed if debtor is an individual whose debts are primarily consumer debts.)</p> <p>I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by § 342(b) of the Bankruptcy Code.</p> <p style="text-align: right;"> <input checked="" type="checkbox"/> /s/ Troy L Gleason 10/30/08 <small>Signature of Attorney for Debtor(s) Date</small> </p>		
<p style="text-align: center;">Exhibit C</p> <p>Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?</p> <p><input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition.</p> <p><input checked="" type="checkbox"/> No</p>			
<p style="text-align: center;">Exhibit D</p> <p>(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)</p> <p><input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.</p> <p>If this is a joint petition:</p> <p><input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached a made a part of this petition.</p>			
<p style="text-align: center;">Information Regarding the Debtor - Venue</p> <p style="text-align: center;">(Check any applicable box.)</p> <p><input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.</p> <p><input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.</p> <p><input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.</p>			
<p style="text-align: center;">Certification by a Debtor Who Resides as a Tenant of Residential Property</p> <p style="text-align: center;">(Check all applicable boxes.)</p> <p><input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">(Name of landlord or lessor that obtained judgment)</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">(Address of landlord or lessor)</p> <p><input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and</p> <p><input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.</p> <p><input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).</p>			

Voluntary Petition
(This page must be completed and filed in every case)

Name of Debtor(s):
Harris, Ricky

Signatures

<div>Signature(s) of Debtor(s) (Individual/Joint)</div> <p>I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United State Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <div>X /s/ Ricky Harris Signature of Debtor Ricky Harris</div> <div>X Signature of Joint Debtor</div> <div>Telephone Number (If not represented by attorney)</div> <div>October 30, 2008 Date</div>	<div>Signature of a Foreign Representative</div> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition. (Check only one box.)</p> <div><input type="checkbox"/> I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.</div> <div><input type="checkbox"/> Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.</div> <div>X Signature of Foreign Representative</div> <div>Printed Name of Foreign Representative</div> <div>Date</div>
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<div>Signature of Attorney*</div> <div>X /s/ Troy L Gleason Signature of Attorney for Debtor(s) Troy L Gleason 6276510 Printed Name of Attorney for Debtor(s) Gleason & Gleason Firm Name 77 W Washington, Ste 1218 Address Chicago, IL 60602 (312) 578-9530 Telephone Number October 30, 2008 Date</div> <div>*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.</div>	<div>Signature of Non-Attorney Petition Preparer</div> <p>I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.</p> <div>Printed Name and title, if any, of Bankruptcy Petition Preparer</div> <div>Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)</div> <div>Address</div>
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<div>Signature of Debtor (Corporation/Partnership)</div> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.</p> <p>The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <div>X Signature of Authorized Individual</div> <div>Printed Name of Authorized Individual</div> <div>Title of Authorized Individual</div> <div>Date</div>	<div>X Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.</div> <div>Date</div> <div>Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:</div> <div>If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person. A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.</div>
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IN RE:

Case No. _____

Harris, Ricky

Chapter 13

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE
WITH CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.][Summarize exigent circumstances here.]*

If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

- ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- ☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Ricky Harris

Date: October 30, 2008

IN RE:

Case No. _____

Harris, Ricky

Chapter 13

Debtor(s)

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NUMBER OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$ 195,000.00		
B - Personal Property	Yes	3	\$ 14,950.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		\$ 16,485.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		\$ 0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	3		\$ 11,951.18	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	1			\$ 4,969.01
J - Current Expenditures of Individual Debtor(s)	Yes	1			\$ 4,684.01
TOTAL		14	\$ 209,950.00	\$ 28,436.18	

IN RE:

Case No. _____

Harris, Ricky

Chapter 13

Debtor(s)

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
TOTAL	\$ 0.00

State the following:

Average Income (from Schedule I, Line 16)	\$ 4,969.01
Average Expenses (from Schedule J, Line 18)	\$ 4,684.01
Current Monthly Income (from Form 22A Line 12; OR , Form 22B Line 11; OR , Form 22C Line 20)	\$ 5,528.01

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ 9,385.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ 0.00
4. Total from Schedule F		\$ 11,951.18
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ 21,336.18

IN RE Harris, Ricky

Debtor(s)

Case No. _____

(If known)

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
Residence at: 1613 Henry Pl Waukegan, IL 60085-1920 (Citifinancial mortgage for \$209,000 in wife's name. Title in both names)		J	195,000.00	0.00
TOTAL			195,000.00	

(Report also on Summary of Schedules)

IN RE Harris, Ricky

Debtor(s)

Case No. _____

(If known)

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.		Cash on hand		50.00
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Checking Account with TCF Bank		0.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, include audio, video, and computer equipment.		Normal and necessary household goods, including but not limited to : TVs, chairs, tables, sofas, bedroom furniture, some kitchen appliances, costume jewelry less than \$500 each piece		1,500.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.		Music, books, and pictures		50.00
6. Wearing apparel.		Clothing		200.00
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		Life Insurance with Primerica		250.00
10. Annuities. Itemize and name each issue.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			

IN RE Harris, Ricky

Case No. _____

Debtor(s)

(If known)

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2001 Nissan Altima 2004 Pontiac Grand Prix		5,800.00 7,100.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			

IN RE Harris, Ricky

Debtor(s)

Case No. _____

(If known)

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			
TOTAL				14,950.00

IN RE Harris, Ricky

Debtor(s)

Case No. _____

(If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPTDebtor elects the exemptions to which debtor is entitled under:
(Check one box)☐ Check if debtor claims a homestead exemption that exceeds \$136,875.☐ 11 U.S.C. § 522(b)(2)☒ 11 U.S.C. § 522(b)(3)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS
<u>SCHEDULE A - REAL PROPERTY</u>			
Residence at: 1613 Henry Pl Waukegan, IL 60085-1920 (Citifinancial mortgage for \$209,000 in wife's name. Title in both names)	735 ILCS 5 §12-901	15,000.00	195,000.00
<u>SCHEDULE B - PERSONAL PROPERTY</u>			
Cash on hand	735 ILCS 5 §12-1001(b)	50.00	50.00
Normal and necessary household goods, including but not limited to : TVs, chairs, tables, sofas, bedroom furniture, some kitchen appliances, costume jewelry less than \$500 each piece	735 ILCS 5 §12-1001(b)	1,500.00	1,500.00
Music, books, and pictures	735 ILCS 5 §12-1001(a)	50.00	50.00
Clothing	735 ILCS 5 §12-1001(a)	200.00	200.00
Life Insurance with Primerica	735 ILCS 5 §12-1001(b)	250.00	250.00
2001 Nissan Altima	735 ILCS 5 §12-1001(b)	1,000.00	5,800.00
2004 Pontiac Grand Prix	735 ILCS 5 §12-1001(c)	2,400.00	7,100.00

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. 946831 Acc Consumer Finance L 9191 Towne Centre Dr San Diego, CA 92122-1225	H	Installment account opened 1/06. Purchase money secured interest in 2004 Pontiac Grand Prix. VALUE \$ 7,100.00				16,485.00	9,385.00
ACCOUNT NO.							
		VALUE \$					
ACCOUNT NO.							
		VALUE \$					
ACCOUNT NO.							
		VALUE \$					
Subtotal (Total of this page)						\$ 16,485.00	\$ 9,385.00
Total (Use only on last page)						\$ 16,485.00	\$ 9,385.00

0 continuation sheets attached

(Report also on
Summary of
Schedules.)
 (If applicable, report
also on Statistical
Summary of Certain
Liabilities and Related
Data.)

IN RE Harris, Ricky

Debtor(s)

Case No.

(If known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

0 continuation sheets attached

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 5003805406 Citifinancial Mortgage 3232 W Royal Ln Irving, TX 75063-3105	H	notice only. Mortgage only in wife's name.				0.00
ACCOUNT NO. 5177-6073-1571-9789 First Premier Bank 601 S Minnesota Ave Sioux Falls, SD 57104-4824	H	Revolving account opened 3/06				137.71
ACCOUNT NO. Premier Bankcard/ Charter PO Box 2208 Vacaville, CA 95696-8208		Assignee or other notification for: First Premier Bank				
ACCOUNT NO. 9725832 Illinois Collection Se 3101 W 95th St Evergreen Park, IL 60805-2407	H	notice only. paid				0.00

<div> <div>2 continuation sheets attached</div> <div>Subtotal (Total of this page)</div> </div>						\$ 137.71
<div> <div>(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)</div> <div>Total</div> </div>						\$

IN RE Harris, Ricky

Debtor(s)

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. St Francis Hospital 800 Austin St Evanton, IL 60202		Assignee or other notification for: Illinois Collection Se				
ACCOUNT NO. Internal Revenue Service Centralized Insolvency Operations PO Box 21126 Philadelphia, PA 19114-0326		2001 and 2003 income taxes				7,087.47
ACCOUNT NO. Payday Loan Store 2510 Grand Ave Waukegan, IL 60085-3317		loan				150.00
ACCOUNT NO. 139961 Senex Partners Llc 3500 Depauw Blvd Indianapolis, IN 46268-1170	H	notice only				0.00
ACCOUNT NO. Vista - Victory		Assignee or other notification for: Senex Partners Llc				
ACCOUNT NO. 4162, 5466, 1853 Village Of Skokie Tickets 5127 Oakton St Skokie, IL 60077-3633		tickets				400.00
ACCOUNT NO. Armor Systems Corporation 1700 Kiefer Dr Ste 1 Zion, IL 60099		Assignee or other notification for: Village Of Skokie				

Sheet no. 1 of 2 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **7,637.47**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$

IN RE Harris, Ricky

Debtor(s)

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 7971 Washington Mutual Bankruptcy 1301 2nd Ave Seattle, WA 98101-2005		bank fees				176.00
ACCOUNT NO. Jefferson Capital Systems PO Box 7999 Saint Cloud, MN 56302-9617		Assignee or other notification for: Washington Mutual				
ACCOUNT NO. Rjm Acquisitions 575 Underhill Blvd Ste 224 Syosset, NY 11791-3416		Assignee or other notification for: Washington Mutual				
ACCOUNT NO. 50237593223699001 Wffinancial 2501 Seaport Drive Bh 300 Chester, PA 19013	H	Installment account opened 12/05. Surrender of 2001 Nissan Altima.				4,000.00
ACCOUNT NO.						
ACCOUNT NO.						
ACCOUNT NO.						
ACCOUNT NO.						

Sheet no. 2 of 2 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **4,176.00**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$ **11,951.18**

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE OF OTHER PARTIES TO LEASE OR CONTRACT	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on From 22A, 22B, or 22C.

Debtor's Marital Status Married	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S):	AGE(S):
EMPLOYMENT: DEBTOR		SPOUSE
Occupation Name of Employer How long employed Address of Employer	Credit Assistant Volt Technical Resources 6 months 12007 Research Blvd Ste 103 Austin, TX 78759-2439	Seyfarth

INCOME: (Estimate of average or projected monthly income at time case filed)	DEBTOR	SPOUSE
1. Current monthly gross wages, salary, and commissions (prorate if not paid monthly)	\$ <u>2,946.67</u>	\$ <u>3,333.34</u>
2. Estimated monthly overtime	\$ _____	\$ _____
3. SUBTOTAL	\$ <u>2,946.67</u>	\$ <u>3,333.34</u>
4. LESS PAYROLL DEDUCTIONS		
a. Payroll taxes and Social Security	\$ <u>559.00</u>	\$ <u>602.00</u>
b. Insurance	\$ _____	\$ <u>150.00</u>
c. Union dues	\$ _____	\$ _____
d. Other (specify) _____	\$ _____	\$ _____
5. SUBTOTAL OF PAYROLL DEDUCTIONS	\$ <u>559.00</u>	\$ <u>752.00</u>
6. TOTAL NET MONTHLY TAKE HOME PAY	\$ <u>2,387.67</u>	\$ <u>2,581.34</u>
7. Regular income from operation of business or profession or farm (attach detailed statement)	\$ _____	\$ _____
8. Income from real property	\$ _____	\$ _____
9. Interest and dividends	\$ _____	\$ _____
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above	\$ _____	\$ _____
11. Social Security or other government assistance (Specify) _____	\$ _____	\$ _____
12. Pension or retirement income	\$ _____	\$ _____
13. Other monthly income (Specify) _____	\$ _____	\$ _____
14. SUBTOTAL OF LINES 7 THROUGH 13	\$ _____	\$ _____
15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)	\$ <u>2,387.67</u>	\$ <u>2,581.34</u>
16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15)	\$ <u>4,969.01</u>	

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:
None

IN RE Harris, Ricky

Debtor(s)

Case No. _____

(If known)

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made biweekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

- | | |
|---|--------------------|
| 1. Rent or home mortgage payment (include lot rented for mobile home) | \$ <u>1,900.00</u> |
| a. Are real estate taxes included? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| b. Is property insurance included? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 2. Utilities: | |
| a. Electricity and heating fuel | \$ <u>299.01</u> |
| b. Water and sewer | \$ <u>75.00</u> |
| c. Telephone | \$ _____ |
| d. Other <u>Cell Phone</u> | \$ <u>60.00</u> |
| <u>Phone, Cable, And Internet</u> | \$ <u>150.00</u> |
| 3. Home maintenance (repairs and upkeep) | \$ <u>35.00</u> |
| 4. Food | \$ <u>400.00</u> |
| 5. Clothing | \$ <u>75.00</u> |
| 6. Laundry and dry cleaning | \$ <u>20.00</u> |
| 7. Medical and dental expenses | \$ <u>35.00</u> |
| 8. Transportation (not including car payments) | \$ <u>250.00</u> |
| 9. Recreation, clubs and entertainment, newspapers, magazines, etc. | \$ _____ |
| 10. Charitable contributions | \$ <u>300.00</u> |
| 11. Insurance (not deducted from wages or included in home mortgage payments) | |
| a. Homeowner's or renter's | \$ _____ |
| b. Life | \$ _____ |
| c. Health | \$ _____ |
| d. Auto | \$ <u>140.00</u> |
| e. Other <u>Spouse's Auto Insurance</u> | \$ <u>135.00</u> |
| 12. Taxes (not deducted from wages or included in home mortgage payments) | |
| (Specify) _____ | \$ _____ |
| 13. Installment payments: (in chapter 11, 12 and 13 cases, do not list payments to be included in the plan) | |
| a. Auto | \$ _____ |
| b. Other <u>Spouse's Car Payment</u> | \$ <u>430.00</u> |
| <u>Spouse's Student Loans</u> | \$ <u>300.00</u> |
| 14. Alimony, maintenance, and support paid to others | \$ _____ |
| 15. Payments for support of additional dependents not living at your home | \$ _____ |
| 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) | \$ _____ |
| 17. Other <u>Pet Care And Supplies</u> | \$ <u>40.00</u> |
| <u>Vehicle Care And Maintenance</u> | \$ <u>20.00</u> |
| <u>Personal Care And Grooming</u> | \$ <u>20.00</u> |

18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.

\$ 4,684.01

19. Describe any increase or decrease in expenditures anticipated to occur within the year following the filing of this document:
None

20. STATEMENT OF MONTHLY NET INCOME

- | | |
|--|--------------------|
| a. Average monthly income from Line 15 of Schedule I | \$ <u>4,969.01</u> |
| b. Average monthly expenses from Line 18 above | \$ <u>4,684.01</u> |
| c. Monthly net income (a. minus b.) | \$ <u>285.00</u> |

IN RE Harris, Ricky

Debtor(s)

Case No. _____

(If known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 16 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: October 30, 2008

Signature: /s/ Ricky Harris
Ricky Harris

Debtor

Date: _____ Signature: _____

(Joint Debtor, if any)

[If joint case, both spouses must sign.]

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social Security No. (Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.

Address

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the _____ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the _____ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets (*total shown on summary page plus 1*), and that they are true and correct to the best of my knowledge, information, and belief.

Date: _____ Signature: _____

(Print or type name of individual signing on behalf of debtor)

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

IN RE:

Case No. _____

Harris, Ricky

Chapter 13

Debtor(s)

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

None ☐ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
32,000.00	2006 income from employment
32,000.00	2007 income from employment
3,000.00	2008 income from employment (monthly)

2. Income other than from employment or operation of business

None ☒ State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

3. Payments to creditors

Complete a. or b., as appropriate, and c.

None ☐ a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
------------------------------	-------------------	-------------	--------------------

Citifinancial Mortgage
PO Box 140609
Irving, TX 75014-0609

Last 3 months

5,700.00

209,233.00

None ☐ *b. Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ *c. All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

4. Suits and administrative proceedings, executions, garnishments and attachments

None ☒ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

5. Repossessions, foreclosures and returns

None ☒ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

6. Assignments and receiverships

None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

7. Gifts

None ☐ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON
OR ORGANIZATION

In His Image Destiny
Evanston, IL

RELATIONSHIP TO
DEBTOR, IF ANY

church

DATE OF GIFT

2007 - 2008

DESCRIPTION AND
VALUE OF GIFT

\$2400 - tithes

8. Losses

None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

9. Payments related to debt counseling or bankruptcy

None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE

Gleason And Gleason LLC
77 W Washington, Ste 1218

DATE OF PAYMENT, NAME OF
PAYOR IF OTHER THAN DEBTOR

8/02/2007

AMOUNT OF MONEY OR DESCRIPTION
AND VALUE OF PROPERTY

500.00

Chicago, IL 60602

10. Other transfers

None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

11. Closed financial accounts

None ☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

12. Safe deposit boxes

None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

13. Setoffs

None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

14. Property held for another person

None ☒ List all property owned by another person that the debtor holds or controls.

15. Prior address of debtor

None ☒ If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

16. Spouses and Former Spouses

None ☒ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None ☒ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

None ☒ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None ☐ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

18. Nature, location and name of business

None ☒ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

None ☒ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date: October 30, 2008 Signature /s/ Ricky Harris
of Debtor **Ricky Harris**

Date: _____ Signature _____
of Joint Debtor
(if any)

_____ **0** continuation pages attached

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.

IN RE:

Case No. _____

Harris, Ricky

Chapter 13

Debtor(s)

VERIFICATION OF CREDITOR MATRIX

Number of Creditors 15

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: October 30, 2008

/s/ Ricky Harris

Debtor

Joint Debtor

Harris, Ricky
1613 Henry Pl
Waukegan, IL 60085-1920

Premier Bankcard/ Charter
PO Box 2208
Vacaville, CA 95696-8208

Gleason & Gleason
77 W Washington, Ste 1218
Chicago, IL 60602

Rjm Acquisitions
575 Underhill Blvd Ste 224
Syosset, NY 11791-3416

Acc Consumer Finance L
9191 Towne Centre Dr
San Diego, CA 92122-1225

Senex Partners Llc
3500 Depauw Blvd
Indianapolis, IN 46268-1170

Armor Systems Corporation
1700 Kiefer Dr Ste 1
Zion, IL 60099

St Francis Hospital
800 Austin St
Evanton, IL 60202

Citifinancial Mortgage
3232 W Royal Ln
Irving, TX 75063-3105

Village Of Skokie
Tickets
5127 Oakton St
Skokie, IL 60077-3633

First Premier Bank
601 S Minnesota Ave
Sioux Falls, SD 57104-4824

Washington Mutual
Bankruptcy
1301 2nd Ave
Seattle, WA 98101-2005

Illinois Collection Se
3101 W 95th St
Evergreen Park, IL 60805-2407

Wffinancial
2501 Seaport Drive Bh 300
Chester, PA 19013

Internal Revenue Service
Centralized Insolvency Operations
PO Box 21126
Philadelphia, PA 19114-0326

Jefferson Capital Systems
PO Box 7999
Saint Cloud, MN 56302-9617

Payday Loan Store
2510 Grand Ave
Waukegan, IL 60085-3317

IN RE:

Case No. _____

Harris, Ricky

Chapter 13

Debtor(s)

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept \$ **3,000.00**

Prior to the filing of this statement I have received \$ _____

Balance Due \$ **3,000.00**

2. The source of the compensation paid to me was: ☒ Debtor ☐ Other (specify):
3. The source of compensation to be paid to me is: ☒ Debtor ☐ Other (specify):
4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
 - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 - d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
 - e. [Other provisions as needed]
6. By agreement with the debtor(s), the above disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

October 30, 2008

Date

/s/ Troy L. Gleason

Signature of Attorney

Gleason & Gleason

Name of Law Firm

CO. FILE DEPT. CLOCK NUMBER 080
DEL 035688 035 008568592 1

MAURICE SPORTING GOODS, INC.
1910 TECHNY ROAD
NORTHBROOK, IL 60065

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 0
IL: 1

Social Security Number: XXX-XX-9763

Earnings	rate	hours	this period	year to date
Regular	14.6419	70.00	1,024.93	12,598.84
Overtime	21.9628	.50	10.98	197.36
Holiday	14.6419	8.00	117.14	459.14
Sick/Personal				468.56
Vacation				406.85
				14,130.75

Gross Pay \$1,153.05

Deductions

Deductions	Statutory	this period	year to date
Federal Income Tax	-81.16		1,020.64
Social Security Tax	-64.83		797.20
Medicare Tax	-15.16		186.44
IL State Income Tax	-29.06		358.04
Other			
Checking #2	-200.00		1,600.00
Checking #3	-400.00		4,800.00
Dental	-8.40*		99.90
Medical	-92.66*		1,095.75
Vision Savings	-6.42*		77.04
Checking #1			400.00
Miscellaneous			-200.00
Movie Tickets			22.00
Postage			10.20

Net Pay \$258.36

* Excluded from federal taxable wages

Earnings Statement



Period Beginning: 05/28/2007
Period Ending: 06/10/2007
Pay Date: 06/15/2007

RICKY HARRIS
1613 HENRY PL
WAUKEGAN IL 60085-1920

Your federal taxable wages this period are
\$1,045.57
Your IL taxable wages this period are
\$1,045.57

Other Benefits and Information

Information	this period	total to date
Taken S/P Hrs		32.00
Taken Vac Hrs		28.00

Deposits

Deposits	Account No.	Amount
Transit/ABA	25050619212	0719.2277
Account No.		\$400.00
Transit/ABA	7876647123	7876647123
Amount		2719.7257
		\$200.00



Earnings Statement

Period Beginning: 05/14/2007
 Period Ending: 05/27/2007
 Pay Date: 06/01/2007

MAURICE SPORTING GOODS, INC.
 1910 TECHNY ROAD
 NORTHBROOK, IL 60065

CO. FILE DEPT. CLOCK NUMBER 080
 DEL 035688 035 0085526340 1

Taxable Marital Status: Married
 Exemptions/Allowances:
 Federal: 0
 IL: 1

Social Security Number: XXX-XX-9763

Earnings	rate	hours	this period	year to date
Regular	14.6419	80.00	1,171.35	11,573.91
Overtime	21.9628	1.50	32.94	186.38
Holiday				342.00
Sick/Personal				468.56
Vacation				406.85
Gross Pay			\$1,204.29	12,977.70

Your federal taxable wages this period are
 \$1,096.81
 Your IL taxable wages this period are
 \$1,096.81

Other Benefits and

information	this period	total to date
Taken S/P Hrs		32.00
Taken Vac Hrs		28.00

Deposits

Account No.	25050619212
Transit/ABA	0719 2277
Amount	\$400.00

Account No.	7876647123
Transit/ABA	2719 7257
Amount	\$200.00
Checking #2	-200.00
Checking #3	-400.00
Dental	-8.40*
Medical	-92.66*
Vision Savings	-6.42*
Checking #1	
Miscellaneous	
Movie Tickets	
Postage	

Net Pay **\$293.46**

* Excluded from federal taxable wages

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Earnings Statement



Period Beginning: 04/30/2007
Period Ending: 05/13/2007
Pay Date: 05/18/2007

RICKY HARRIS
1613 HENRY PL
WAUKEGAN IL 60085-1920

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 0
IL: 1

MAURICE SPORTING GOODS, INC.
1910 TECHNY ROAD
NORTHBROOK, IL 60065

Earnings	rate		hours	this period		year to date
	rate	hours		rate	hours	
Regular	14.6419	69.75		1,021.27		10,402.56
Vacation						406.85
Overtime	14.6419	8.00		117.14		153.44
Holiday						342.00
Sick/Personal						468.56
						11,773.41

Gross Pay \$1,138.41

Your federal taxable wages this period are \$1,030.93
Your IL taxable wages this period are \$1,030.93

Other Benefits and Information

Information	this period	total to date
Taken S/P Hrs		32.00
Taken Vac Hrs		28.00
Deposits		
Account No.	25050619212	
Transit/ABA	0719 2277	
Amount	\$400.00	

Account No.	7876647123
Transit/ABA	2719 7257
Amount	\$200.00

Deductions

Statutory	
Federal Income Tax	-78.97
Social Security Tax	-63.92
Medicare Tax	-14.95
IL State Income Tax	-28.62

Other	
Checking #2	-200.00
Checking #3	-400.00
Dental	-8.40*
Medical	-92.66*
Vision Savings	-6.42*
Checking #1	
Miscellaneous	
Movie Tickets	
Postage	

Net Pay \$244.47

* Excluded from federal taxable wages

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Earnings Statement

Period Beginning: 04/16/2007
 Period Ending: 04/29/2007
 Pay Date: 05/04/2007

RICKY HARRIS
1613 HENRY PL
WAUKEGAN IL 60085-1920

CO FILE DEPT. CLOCK NUMBER 060
 DEL 035888 035 0085203891 1

MAURICE SPORTING GOODS, INC.
1910 TECHNY ROAD
NORTHBROOK, IL 60065

Taxable Marital Status: Married
 Exemptions/Allowances:
 Federal: 0
 IL: 1

Social Security Number: XXX-XX-9763

Earnings		rate	hours	this period	year to date
Regular		14.6419	74.50	1,090.82	9,381.29
Overtime		21.9628	1.75	38.43	153.44
Vacation		14.6419	4.00	58.57	289.71
Holiday					342.00
Sick/Personal					468.56
					10,635.00
Gross Pay				\$1,187.82	

Your federal taxable wages this period are
 \$1,080.34
 Your IL taxable wages this period are
 \$1,080.34

Other Benefits and Information

Information	this period	total to date
Taken S/P Hrs		32.00
Taken Vac Hrs		20.00

Deposits

Account No.	25050619212
Transit/ABA	0719 2277
Amount	\$400.00

Account No.	7876647123
Transit/ABA	2719 7257
Amount	\$200.00

Deductions

Statutory	
Federal Income Tax	-86.38
Social Security Tax	-66.98
Medicare Tax	-15.67
IL State Income Tax	-30.10

Other

Checking #2	-200.00
Checking #3	-400.00
Dental	-8.40*
Medical	-92.66*
Vision Savings	-6.42*
Checking #1	
Miscellaneous	
Movie Tickets	
Postage	

Net Pay **\$281.21**

* Excluded from federal taxable wages



Earnings Statement

Period Beginning: 04/02/2007
 Period Ending: 04/15/2007
 Pay Date: 04/20/2007

RICKY HARRIS
1613 HENRY PL
WAUKEGAN IL 60085-1920

CO. FILE DEPT. CLOCK NUMBER 060
 DEL 035688 035 0085036323 1

MAURICE SPORTING GOODS, INC.
 1910 TECHNY ROAD
 NORTHBROOK, IL 60065

Taxable Marital Status: Married
 Exemptions/Allowances:
 Federal: 0
 IL: 1

Social Security Number: XXX-XX-9763

Earnings	rate	hours	this period	year to date
Regular	14.6419	80.00	1,171.35	8,290.47
Overtime	21.9628	.75	16.47	115.01
Holiday				342.00
Sick/Personal				468.56
Vacation				231.14
				9,447.18
Gross Pay			\$1,187.82	

Deductions

Statutory	
Federal Income Tax	-86.38
Social Security Tax	-66.98
Medicare Tax	-15.66
IL State Income Tax	-30.10
Other	
Checking #2	-200.00
Checking #3	-400.00
Dental	-8.40*
Medical	-92.66*
Movie Tickets	-22.00
Vision Savings	-6.42*
Checking #1	
Miscellaneous	
Postage	
Net Pay	\$259.22

* Excluded from federal taxable wages

Your federal taxable wages this period are
 \$1,080.34
 Your IL taxable wages this period are
 \$1,080.34

Other Benefits and

Information	this period	total to date
Taken S/P Hrs		32.00
Taken Vac Hrs		16.00
Deposits		
Account No.	25050619212	
Transit/ABA	0719 2277	
Amount	\$400.00	
Account No.	7876647123	
Transit/ABA	2719 7257	
Amount	\$200.00	

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Earnings Statement

Period Beginning: 03/19/2007
 Period Ending: 04/01/2007
 Pay Date: 04/06/2007

RICKY HARRIS
1613 HENRY PL
WAUKEGAN IL 60085-1920

Taxable Marital Status: Married
 Exemptions/Allowances:
 Federal: 0
 IL: 1

MAURICE SPORTING GOODS, INC.
 1910 TECHNY ROAD
 NORTHBROOK, IL 60065

Social Security Number: XXX-XX-9763

Earnings	rate	hours	this period	year to date
Regular	14.6419	71.00	1,039.57	7,119.12
Vacation	14.6419	8.00	117.14	231.14
Overtime				98.54
Holiday				342.00
Sick/Personal				468.56
				8,259.36
Gross Pay			\$1,156.71	

Your IL taxable wages this period are
 \$1,049.23

Other Benefits and

Information	this period	total to date
Taken S/P Hrs		32.00
Taken Vac Hrs		16.00

Deductions

Statutory	
Federal Income Tax	-81.71
Social Security Tax	-65.05
Medicare Tax	-15.21
IL State Income Tax	-29.17
Other	
Checking #2	-200.00
Checking #3	-400.00
Dental	-8.40*
Medical	-92.66*
Postage	-5.00
Vision Savings	-6.42*
Checking #1	
Miscellaneous	
Net Pay	\$253.09

Account No.	25050619212
Transit/ABA	0719 2277
Amount	\$400.00
Account No.	7876647123
Transit/ABA	2719 7257
Amount	\$200.00

* Excluded from federal taxable wages

Your federal taxable wages this period are
 \$1,049.23

Earnings Statement



Period Beginning: 03/05/2007
 Period Ending: 03/18/2007
 Pay Date: 03/23/2007

RICKY HARRIS
 1613 HENRY PL
 WAUKEGAN IL 60085-1920

Taxable Marital Status: Married
 Exemptions/Allowances:
 Federal: 0
 IL: 1

MAURICE SPORTING GOODS, INC.
 1910 TECHNY ROAD
 NORTHBROOK, IL 60065

Social Security Number: XXX-XX-9763

Earnings	rate	hours	this period	year to date
Regular	14.6419	72.50	1,061.54	6,079.55
Overtime	21.9628	.25	5.49	98.54
Sick/Personal	14.6419	8.00	117.14	468.56
Holiday				342.00
Vacation				114.00
				7,102.65

Gross Pay \$1,184.17

Deductions

Statutory	
Federal Income Tax	-85.83
Social Security Tax	-66.75
Medicare Tax	-15.62
IL State Income Tax	-29.99

Other

Checking #2	-200.00
Checking #3	-400.00
Dental	-8.40*
Medical	-92.66*
Vision Savings	-6.42*
Checking #1	
Miscellaneous	
Postage	

Net Pay \$278.50

* Excluded from federal taxable wages

Your federal taxable wages this period are
 \$1,076.69

Your IL taxable wages this period are
 \$1,076.69

Other Benefits and Information

Information	this period	total to date
Taken S/P Hrs		32.00
Taken Vac Hrs		8.00

Deposits

Account No.	25050619212
Transit/ABA	0719 2277
Amount	\$400.00

Account No.

Transit/ABA	7876647123
Amount	2719 7257
	\$200.00

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Earnings Statement

Period Beginning: 02/19/2007
 Period Ending: 03/04/2007
 Pay Date: 03/09/2007

RICKY HARRIS
1613 HENRY PL
WAUKEGAN IL 60085-1920

CO. FILE DEPT. CLOCK NUMBER 060
 DEL 035688 035 0084561485 1

MAURICE SPORTING GOODS, INC.
 1910 TECHNY ROAD
 NORTHBROOK, IL 60065

Taxable Marital Status: Married
 Exemptions/Allowances:
 Federal: 0
 IL: 1

Social Security Number: XXX-XX-9763

Earnings	rate	hours	this period	year to date
Regular	14.6419	72.50	1,061.54	5,018.01
Overtime	21.9628	.25	5.49	93.05
Sick/Personal	14.6419	8.00	117.14	351.42
Holiday				342.00
Vacation				114.00
				5,918.48
Gross Pay			\$1,184.17	

Your IL taxable wages this period are
 \$1,076.69

Other Benefits and

Information	this period	total to date
Taken S/P Hrs		24.00
Taken Vac Hrs		8.00

Deductions

Statutory	
Federal Income Tax	-85.83
Social Security Tax	-66.76
Medicare Tax	-15.61
IL State Income Tax	-29.99
Other	
Checking #2	-200.00
Checking #3	-400.00
Dental	-8.40*
Medical	41.10
Vision Savings	-92.66*
Checking #1	-6.42*
Miscellaneous	
Postage	
Net Pay	\$278.50

431.36
334.69
78.27
150.40
200.00
2,000.00
41.10
447.13
32.10
400.00
-200.00
5.20

Deposits	Account No.
25050619212	
0719 2277	
Amount	\$400.00

Deposits	Account No.
7876647123	
2719 7257	
Amount	\$200.00

* Excluded from federal taxable wages

Your federal taxable wages this period are
 \$1,076.69

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Earnings Statement

Period Beginning: 02/05/2007
 Period Ending: 02/18/2007
 Pay Date: 02/23/2007

RICKY HARRIS
1613 HENRY PL
WAUKEGAN IL 60085-1920

Taxable Marital Status: Married
 Exemptions/Allowances:
 Federal: 0
 IL: 1

MAURICE SPORTING GOODS, INC.
 1910 TECHNY ROAD
 NORTHBROOK, IL 60065

Social Security Number: XXX-XX-9763

Earnings	rate	hours	this period	year to date
Regular	14.6419	72.00	1,054.22	3,956.47
Overtime	21.9628	2.50	54.91	87.56
Sick/Personal	14.6419	8.00	117.14	234.28
Holiday				342.00
Vacation				114.00
				4,734.31
Gross Pay			\$1,226.27	

Your IL taxable wages this period are
 \$1,118.79

Other Benefits and Information

Information	this period	total to date
Taken S/P Hrs		16.00
Taken Vac Hrs		8.00

Deductions

Statutory	
Federal Income Tax	-92.15
Social Security Tax	-69.36
Medicare Tax	-16.22
IL State Income Tax	-31.26
Other	
Checking #3	-400.00
Dental	-8.40*
Medical	-92.66*
Postage	-5.20
Vision Savings	-6.42*
Checking #1	
Miscellaneous	
Net Pay	\$304.80

Account No.	25050619212
Transit/ABA	0719 2277
Amount	\$400.00

Important Notes

GET DISCOUNTS ON TAX PREPARATION FROM INDUSTRY LEADERS! GO TO [HTTP://TAXPARTNER.ADP.COM](http://TAXPARTNER.ADP.COM)

* Excluded from federal taxable wages

Your federal taxable wages this period are
 \$1,118.79

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Earnings Statement

Period Beginning: 01/22/2007
 Period Ending: 02/04/2007
 Pay Date: 02/09/2007

RICKY HARRIS
1613 HENRY PL
WAUKEGAN IL 60085 - 1920

CO FILE DEPT. CLOCK NUMBER 060
 DEL 035688 035 0084246268 2

MAURICE SPORTING GOODS, INC.
1910 TECHNY ROAD
NORTHBROOK IL 60065

Taxable Marital Status: Married
 Exemptions/Allowances:
 Federal: 0
 IL: 1

Social Security Number: XXX-XX-9763

Earnings	rate	hours	this period	year to date
Regular	14.6419	79.75	1,167.69	2,902.25
Overtime	21.9628	.25	5.49	32.65
Holiday				342.00
Sick/Personal				117.14
Vacation				114.00
				3,508.04
Gross Pay			\$1,173.18	

Deductions

Statutory	
Federal Income Tax	-84.18
Social Security Tax	-66.08
Medicare Tax	-15.45
IL State Income Tax	-29.66

Other

Checking #3	-400.00
Dental	-8.40*
Medical	-92.66*
Vision Savings	-6.42*
Checking #1	
Miscellaneous	
Net Pay	\$470.33

* Excluded from federal taxable wages

Your federal taxable wages this period are
 \$1,065.70
 Your IL taxable wages this period are
 \$1,065.70

Other Benefits and Information	this period	total to date
Taken S/P Hrs		8.00
Taken Vac Hrs		8.00
Deposits		
Account No.	25050619212	
Transit/ABA	0719 2277	
Amount		\$400.00

Important Notes

GET DISCOUNTS ON TAX PREPARATION FROM INDUSTRY LEADERS! GO TO [HTTP://TAXPARTNER.ADP.COM](http://TAXPARTNER.ADP.COM)



Earnings Statement

Period Beginning: 01/08/2007
 Period Ending: 01/21/2007
 Pay Date: 01/26/2007

RICKY HARRIS
1613 HENRY PL
WAUKEGAN IL 60085-1920

CO. FILE DEPT. CLOCK NUMBER 060
 DEL 035688 035 0084087563 1

MAURICE SPORTING GOODS, INC.
 1910 TECHNY ROAD
 NORTHBROOK, IL 60065

Taxable Marital Status: Married
 Exemptions/Allowances:
 Federal: 0
 IL: 1

Social Security Number: XXX-XX-9763

Earnings	rate	hours	this period	year to date
Regular	14.6419	71.75	1,050.56	1,734.56
Overtime	21.9628	.75	16.47	27.16
Sick/Personal	14.6419	8.00	117.14	117.14
Holiday				
Vacation				
Gross Pay			\$1,184.17	

Deductions

Statutory	
Federal Income Tax	-85.83
Social Security Tax	-66.75
Medicare Tax	-15.62
IL State Income Tax	-29.99
Other	
Checking #1	-200.00
Checking #3	-400.00
Dental	-8.40*
Medical	-92.66*
Vision Savings	-6.42*
Net Pay	\$278.50

* Excluded from federal taxable wages

Your federal taxable wages this period are
 \$1,076.69
 Your IL taxable wages this period are
 \$1,076.69

Other Benefits and Information
 Taken S/P Hrs
 total to date
 8.00

Deposits
 Account No. 25050619212
 Transit/ABA 0719 2277
 Amount \$400.00

Account No. 5307645936
 Transit/ABA 0710 0050
 Amount \$200.00

Important Notes
 YOUR HOURLY RATE HAS BEEN CHANGED FROM 14.2500 TO 14.6419.

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 From: 312-578-9524

Fax Transmitted



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 Fax: 312-578-9524
 E-mail: nrobovsky@asap.com
 Website: www.asap.com
 Address: 1000 N. Dearborn Ave.
 Suite 100
 Chicago, IL 60610
 Attention: Nicole L. Robovsky
 Title: Project Manager
 Phone: 312-578-9524
 Fax: 312-578-9524
 E-mail: nrobovsky@asap.com
 Website: www.asap.com

Check #	Date	Amount
555679	02/03/08	413.35
		Ricky Harris XXX-XX-9763
	Gross	503.25
	YTD	3,217.50

Gross Amount					
PHARMEDIUM					
Earnings	16.50	40.00	660.00	Reg	660.00
Taxes	FWT FED W/H	SOC MED ILT IL Tax	Deductions	Year-T-D	Hours
	60.97	40.92	18.65	179.88	40.00
	550.18	397.95	93.07		

Check #	Date	Amount
539546	03/09/08	529.89
		Ricky Harris
		XXX-XX-9763
	Gross	660.00
	YTD	6,418.50

PHARMEDIUM		Gross Amount	
16.50			
37.50			
618.75	Reg		
618.75			
Earnings		Taxes	
FWT	FED W/H	SOC	SOC
ILT	MED	MED	ILT
			IL Tax
54.78	38.36	8.97	17.41
314.96	237.85	55.63	107.02
Year-T-D	Hours	Year-T-D	

Check #	556442	XXX-XX-9763	Ricky Harris	YTD	618.75	3,836.25
Date	02/10/08					
Amount	499.23					

Check #	554053	XXX-XX-9763	Gross	660.00
Date	01/20/08	Ricky Harris	YTD	2,186.25
Amount	529.89			

Earnings				Taxes				Year-T-D	Hours
PHARMEDIUM	16.50	40.00	660.00	Reg	FWT	FED W/H	60.97	181.55	40.00
Gross Amount			660.00		SOC	SOC	40.92	135.55	
					MED	MED	9.57	31.70	
					ILT	IL Tax	18.65	60.98	
				Deductions				Year-T-D	

Staffing Now, Inc / Accounting Now / Legal Now

Check #	554858	XXX-XX-9763	Gross	528.00
Date	01/27/08	Ricky Harris	YTD	2,714.25
Amount	431.74			

Earnings				Taxes				Year-T-D	Hours
PHARMEDIUM	16.50	32.00	528.00	Reg	FWT	FED W/H	41.17	222.72	32.00
Gross Amount			528.00		SOC	SOC	32.74	168.29	
					MED	MED	7.66	39.36	
					ILT	IL Tax	14.69	75.67	
				Deductions				Year-T-D	

Staffing Now, Inc / Accounting Now / Legal Now

Thank you for submitting your timesheet on time, Staffing Now Payroll Department.

Check #	553178	XXX-XX-9763	Gross	660.00
Date	01/13/08	Ricky Harris	YTD	1,526.25
Amount	529.89			

Earnings				Taxes				Year-T-D	Hours
PHARMEDIUM	16.50	40.00	660.00	Reg	FWT	FED W/H	60.97	120.58	40.00
Gross Amount			660.00		SOC	SOC	40.92	94.63	
					MED	MED	9.57	22.13	
					ILT	IL Tax	18.65	42.33	
				Deductions				Year-T-D	

Earnings				Taxes				Year-T-D	Hours
PHARMEDIUM	16.50	40.00	660.00	Reg	FWD	FED W/H	61.16	793.66	40.00
Gross Amount			660.00		SOC	SOC	40.92	562.67	
					MED	MED	9.57	131.60	
					ILT	IL Tax	18.65	254.98	
				Deductions				Year-T-D	

Staffing Now, Inc / Accounting Now / Legal Now

Thank you for submitting your timesheet on time, Staffing Now Payroll Department.

Check #	551490	XXX-XX-9763	Gross	338.25
Date	12/30/07	Ricky Harris	YTD	338.25
Amount	284.95			

Earnings				Taxes				Year-T-D	Hours
PHARMEDIUM	16.50	20.50	338.25	Reg	FWD	FED W/H	18.44	18.44	20.50
Gross Amount			338.25		SOC	SOC	20.97	20.97	
					MED	MED	4.90	4.90	
					ILT	IL Tax	8.99	8.99	
				Deductions				Year-T-D	

Staffing Now, Inc / Accounting Now / Legal Now

Thank you for submitting your timesheet on time, Staffing Now Payroll Dept.

Check #	547934	XXX-XX-9763	Gross	503.25
Date	12/02/07	Ricky Harris	YTD	7,177.50
Amount	413.16			

Earnings				Taxes				Year-T-D	Hours
PHARMEDIUM	16.50	30.50	503.25	Reg	FWD	FED W/H	37.65	622.55	30.50
Gross Amount			503.25		SOC	SOC	31.20	445.02	
					MED	MED	7.30	104.09	
					ILT	IL Tax	13.94	201.51	
				Deductions				Year-T-D	

1040		Department of the Treasury—Internal Revenue Service		U.S. Individual Income Tax Return 2007		OMB No. 1545-0047	
Label See instructions. Use the IRS label. Otherwise, please print or type.	Your first name and initial RICKY		Last name HARRIS		Your social security number 344-44-9803		
	If joint return, spouse's first name and initial PENNY		Last name HARRIS		Spouse's social security number 344-00-9804		
	Home address (number and street). If you have a P.O. box, see instructions. 1015 PENNY PLACE				Apt. no.		
	City, town or post office, state, and ZIP code. If you have a foreign address, see instructions. WAGNER, IA 50085				Checking a box below will not change your tax or refund		
Presidential Election Campaign		Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see instructions)				<input checked="" type="checkbox"/> You <input type="checkbox"/> Spouse	
Filing Status		1 <input type="checkbox"/> Single				4 <input type="checkbox"/> Head of household (with qualifying person). (See instr.) If the qualifying person is a child but not your dependent, enter this child's name here	
Check only one box		2 <input type="checkbox"/> Married filing jointly (even if only one had income)					
		3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here					
		5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see instructions)					
Exemptions		6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a				Boxes checked on 6a and 6b	
		b <input checked="" type="checkbox"/> Spouse				No. of children on 6c who:	
		c Dependents:				* lived with you	
		(1) First name and surname				* did not live with you due to divorce or separation (see instructions)	
		(2) Dependents' social security number				Dependents on 6c not entered above	
		(3) Dependents' relationship to you					
		(4) X <input checked="" type="checkbox"/> Qualifying child (see instructions and 1592a-f)					
		d Total number of exemptions claimed				Add numbers on lines above	
Income		7 Wages, salaries, tips, etc. Attach Form(s) W-2				7 35,000	
		8a Taxable interest. Attach Schedule B if required				8a	
		b Tax-exempt interest. Do not include on line 8a				8b 0	
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.		9a Ordinary dividends. Attach Schedule B if required				9a 0	
		b Qualified dividends (see instructions)				9b 0	
		10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions)				10 331	
		11 Alimony received				11	
		12 Business income or (loss). Attach Schedule C or C-EZ				12 0,000	
		13 Capital gain or (loss). Attach Schedule D if required. If not required, check here				13 0	
		14 Other gains or (losses). Attach Form 4797				14	
		15a IRA distributions				15a	
		16a Pensions and annuities				16a	
		b Taxable amount (see instr.)				16b 0	
		17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E				17	
		18 Farm income or (loss). Attach Schedule F				18 0	
		19 Unemployment compensation				19 0,000	
		20a Social security benefits				20a	
		b Taxable amount (see instr.)				20b	
		21 Other income. List type and amount (see instructions)				21	
		22 Add the amounts in the far right column for lines 7 through 21. This is your total income				22 35,331	
Adjusted Gross Income		23 Educator expenses (see instructions)				23 0	
		24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ				24 0	
		25 Health savings account deduction. Attach Form 8889				25 0	
		26 Moving expenses. Attach Form 3903				26 0	
		27 One-half of self-employment tax. Attach Schedule SE				27 0	
		28 Self-employed SEP, SIMPLE, and qualified plans				28 0	
		29 Self-employed health insurance deduction (see instructions)				29 0	
		30 Penalty on early withdrawal of savings				30 0	
		31a Alimony paid b Recipient's SSN				31a	
		32 IRA deduction (see instructions)				32 0	
		33 Student loan interest deduction (see instructions)				33 0	
		34 Tuition and fees deduction. Attach Form 8917				34 0	
		35 Domestic production activities deduction. Attach Form 8903				35 0	
		36 Add lines 23 through 31a and 32 through 35				36 90	
		37 Subtract line 36 from line 22. This is your adjusted gross income				37 35,241	

KIA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions. Form 1040 (2007)

Form 1040-2007		FARFIS		082-46-0763		Page 2	
Tax and Credits		38	Amount from line 37 (adjusted gross income)	38	103,238		
39a Check if: <input type="checkbox"/> You were born before January 2, 1943. <input type="checkbox"/> Blind <input type="checkbox"/> Total boxes checked <input checked="" type="checkbox"/> 39a <input type="checkbox"/>							
b If your spouse itemizes on a separate return, or you were a dual-status alien, see instructions and check here <input type="checkbox"/> 39b <input type="checkbox"/>							
40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)		40	29,214				
41 Subtract line 40 from line 38		41	74,024				
42 If line 33 is \$117,300 or less, multiply \$3,400 by the total number of exemptions claimed on line 6d. If line 36 is over \$117,300, see the worksheet in the instructions		42	8,800				
43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-		43	72,524				
44 Tax (see instructions). Check if any tax is from: a <input type="checkbox"/> Form(s) 9814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> Form(s) 9869		44	10,979				
45 Alternative minimum tax (see instructions). Attach Form 6251		45	0				
46 Add lines 44 and 45		46	10,979				
47 Credit for child and dependent care expenses. Attach Form 2441		47	0				
48 Credit for the elderly or the disabled. Attach Schedule R		48	0				
49 Education credits. Attach Form 8863		49	0				
50 Residential energy credits. Attach Form 5695		50	0				
51 Foreign tax credit. Attach Form 1116 if required		51	0				
52 Child tax credit (see instructions). Attach Form 8901 if required		52	0				
53 Retirement savings contributions credit. Attach Form 8833		53	0				
54 Credits from: a <input type="checkbox"/> Form 8896 b <input type="checkbox"/> Form 8859 c <input type="checkbox"/> Form 8839		54	0				
55 Other credits. a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form		55	0				
56 Add lines 47 through 55. These are your total credits		56	0				
57 Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-		57	10,979				
Other Taxes		58	0				
59 Self-employment tax. Attach Schedule SE		59	0				
60 Unreported social security and Medicare tax from: a <input type="checkbox"/> Form 4137 b <input type="checkbox"/> Form 8919		60	0				
61 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required		61	0				
62 Advance earned income credit payments from Form(s) W-2, box 9		62	0				
63 Household employment taxes. Attach Schedule H		63	0				
64 Add lines 57 through 62. This is your total tax		64	10,979				
Payments		65	9,867				
65 Federal income tax withheld from Forms W-2 and 1099		65	9,867				
66 2007 estimated tax payments and amount applied from 2006 return		66	0				
66a Earned income credit (EIC)		66a	0				
b Nonrefundable combat pay election <input type="checkbox"/> 66b <input type="checkbox"/>		66b	0				
67 Excess social security and tier 1 RRTA tax withheld (see instructions)		67	0				
68 Additional child tax credit. Attach Form 8812		68	0				
69 Amount paid with request for extension to file (see instructions)		69	0				
70 Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4138 c <input type="checkbox"/> Form 8865		70	0				
71 Refundable credit for prior year minimum tax from Form 8801, line 27		71	0				
72 Add lines 64, 65, 66a, and 67 through 71. These are your total payments		72	9,867				
Refund		73	0				
73 If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid		73	0				
74a Amount of line 73 you want refunded to you. If Form 8338 is attached, check here <input type="checkbox"/>		74a	0				
b Routing number XXXXXXXXXX c Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings		74b	0				
d Account number XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		74c	0				
75 Amount of line 73 you want applied to your 2008 estimated tax		75	0				
Amount You Owe		76	1,112				
76 Amount you owe. Subtract line 72 from line 63. For details on how to pay, see the instructions		76	1,112				
77 Estimated tax penalty (see instructions)		77	0				
Third Party Designee		Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes Complete the following <input checked="" type="checkbox"/> No					
Designee's name _____ Phone no. _____		Personal identification number (PIN) _____					
Sign Here		Under penalties of perjury I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.					
Your signature _____ Date _____		Your occupation _____ Daytime phone number _____					
Spouse's signature, if a joint return, both must sign. _____ Date _____		Spouse's occupation _____					
Preparer's signature _____ Date _____		Preparer's SSN or PTIN _____					
Firm's name (or yours if self-employed) _____		Check if self-employed <input type="checkbox"/>					
Address and ZIP code _____		EIN _____					
Phone no. _____		Phone no. _____					

Form 1040		Department of the Treasury—Internal Revenue Service		U.S. Individual Income Tax Return 2006		(99)	IRS Use Only—Do not write or stamp in this space.																				
Label (See instructions.) Use the IRS label. Otherwise, please print or type.	L A B E L H E R E	For the year Jan. 1-Dec. 31, 2006, or other tax year beginning 2006, ending 20		OMB No. 1545-0074		Your social security number																					
		Your first name and initial RICKY		Last name HARRIS		352-46-9763																					
		If a joint return, spouse's first name and initial BEONITA		Last name HARRIS		Spouse's social security number 344-80-9806																					
		Home address (number and street). If you have a P.O. box, see instructions. 1613 HENRY PLACE		Apt. no.		▲ You must enter your SSN(s) above. ▲																					
City, town or post office, state, and ZIP code. If you have a foreign address, see instructions. WAUKESHA IL 60085		Checking a box below will not change your tax or refund																									
Presidential Election Campaign		Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see instructions) <input checked="" type="checkbox"/> You <input checked="" type="checkbox"/> Spouse																									
Filing Status		1 <input type="checkbox"/> Single 4 <input type="checkbox"/> Head of household (with qualifying person). (See instr.) If the qualifying person is a child but not your dependent, enter this child's name here. 2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. 5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see instructions)																									
Exemptions		6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a. b <input checked="" type="checkbox"/> Spouse c Dependents: <table border="1"><thead><tr><th>(1) First name</th><th>Last name</th><th>(2) Dependent's social security number</th><th>(3) Dependent's relationship to you</th><th>(4) X if qualifying child for child tax credit (see instr.)</th></tr></thead><tbody><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr></tbody></table> d Total number of exemptions claimed 2						(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) X if qualifying child for child tax credit (see instr.)															
(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) X if qualifying child for child tax credit (see instr.)																							
Income		7 Wages, salaries, tips, etc. Attach Form(s) W-2 95,293 8a Taxable interest. Attach Schedule B if required 11 b Tax-exempt interest. Do not include on line 8a 0 9a Ordinary dividends. Attach Schedule B if required 0 b Qualified dividends (see instructions) 0 10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions) 301 11 Alimony received 0 12 Business income or (loss). Attach Schedule C or C-EZ 0 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here 14 Other gains or (losses). Attach Form 4797 0 15a IRA distributions 0 16a Pensions and annuities 0 b Taxable amount (see instructions) 0 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 0 18 Farm income or (loss). Attach Schedule F 0 19 Unemployment compensation 0 20a Social security benefits 0 b Taxable amount (see instructions) 0 21 Other income. List type and amount (see instructions) SEE ATTACHED 1,961 22 Add the amounts in the far right column for lines 7 through 21. This is your total income 97,566																									
Adjusted Gross Income		23 Archer MSA deduction. Attach Form 8853. 0 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 0 25 Health savings account deduction. Attach Form 8889 0 26 Moving expenses. Attach Form 3903 0 27 One-half of self-employment tax. Attach Schedule SE 0 28 Self-employed SEP, SIMPLE, and qualified plans 0 29 Self-employed health insurance deduction (see instructions) 0 30 Penalty on early withdrawal of savings 0 31a Alimony paid b Recipient's SSN 31a 0 32 IRA deduction (see instructions) 2,500 33 Student loan interest deduction (see instructions) 4,000 34 Jury duty pay you gave to your employer 0 35 Domestic production activities deduction. Attach Form 8903 T 0 36 Add lines 23 through 31a and 32 through 35 6,500 37 Subtract line 36 from line 22. This is your adjusted gross income 91,066																									
KIA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.		Form 1040 (2006)																									

1040		Department of the Treasury Internal Revenue Service		U.S. Individual Income Tax Return 2005		(99)		Do not write or stamp in this space	
Label (See instructions.) Use the IRS label. Otherwise, please print in type.	OMB No. 1545-0047	Your first name and initial		Last name		Your social security number		OMB No. 1545-0047	
		JOHNNY		HARRIS		350-11-7033			
		If joint return, spouse's first name and initial		Last name		Spouse's social security number			
		BRONIEA		HARRIS		344-11-1000			
Home address (number and street), if you have a P.O. box, see instructions		Apt. no.		You must enter your SSN(s) above		Checking a box below will not change your tax or refund			
1513 BLUNT PLANE									
City, town or post office, state, and ZIP code. If you have a foreign address, see instructions.		STATE		ZIP					
WALDEGA		TX		75175					
Presidential Election Campaign		Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 18)		You		Spouse			
Filing Status		1 Single		2 Married filing jointly (even if only one had income)		3 Married filing separately. Enter spouse's SSN above and full name here		4 Head of household (with qualifying person). (See instr.) If the qualifying person is a child but not your dependent, enter this child's name here	
Check only one box		5 Qualifying widow(er) with dependent child (see instructions)							
Exemptions		6a Yourself. If someone can claim you as a dependent, do not check box 6a		6b Spouse		6c Dependents:		6d Total number of exemptions claimed	
In more than four dependents, see instructions						1. Name of dependent		2. Relationship to you	
						3. Name of dependent		4. Relationship to you	
						5. Name of dependent		6. Relationship to you	
						7. Name of dependent		8. Relationship to you	
						9. Name of dependent		10. Relationship to you	
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Form 1040 (2005)		RICKY HARRIS	352-46-9763	Page 2
Tax and Credits		38 Amount from line 37 (adjusted gross income)	38	38,680
Standard Deduction for—		39a Check if <input type="checkbox"/> You were born before January 2, 1941, <input type="checkbox"/> Blind, <input type="checkbox"/> Spouse was born before January 2, 1941, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a		
• People who checked any box on line 39a or 39b or who can be claimed as a dependent see instructions.		b If you or spouse itemizes on a separate return, or you were a dual-status alien, see instructions and check here <input type="checkbox"/> 39b		
• All others.		40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	19,640
Single or Married filing separately \$5,000		41 Subtract line 40 from line 38	41	89,040
Married filing jointly or Qualifying widow(er). \$10,000		42 If line 38 is over \$109,475, or you provided housing to a person displaced by Hurricane Katrina, see instructions. Otherwise, multiply \$3,200 by the total number of exemptions claimed on line 6d.	42	6,400
Head of household. \$7,300		43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	82,640
		44 Tax (see instructions). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	44	8,956
		45 Alternative minimum tax (see instructions). Attach Form 6251	45	0
		46 Add lines 44 and 45	46	8,956
		47 Foreign tax credit. Attach Form 1116 if required	47	0
		48 Credit for child and dependent care expenses. Attach Form 2441	48	0
		49 Credit for the elderly or the disabled. Attach Schedule R	49	0
		50 Education credits. Attach Form 8863	50	0
		51 Retirement savings contributions credit. Attach Form 8880	51	0
		52 Child tax credit (see instructions). Attach Form 8901 if required	52	0
		53 Adoption credit. Attach Form 8839	53	0
		54 Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859	54	0
		55 Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form	55	0
		56 Add lines 47 through 55. These are your total credits	56	0
		57 Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-	57	8,956
Other Taxes		58 Self-employment tax. Attach Schedule SE	58	0
		59 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	59	0
		60 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	60	0
		61 Advance earned income credit payments from Form(s) W-2	61	0
		62 Household employment taxes. Attach Schedule H	62	0
		63 Add lines 57 through 62. This is your total tax	63	8,956
Payments		64 Federal income tax withheld from Forms W-2 and 1099	64	6,458
		65 2005 estimated tax payments and amount applied from 2004 return	65	0
		66a Earned income credit (EIC)	66a	0
		b Nontaxable combat pay election <input type="checkbox"/> 66b		
		67 Excess social security and tier 1 RRTA tax withheld (see instructions)	67	0
		68 Additional child tax credit. Attach Form 8812	68	0
		69 Amount paid with request for extension to file (see instructions)	69	0
		70 Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	70	0
		71 Add lines 64, 65, 66a, and 67 through 70. These are your total payments	71	6,458
Refund		72 If line 71 is more than line 63, subtract line 63 from line 71. This is the amount you overpaid	72	2,498
		73a Amount of line 72 you want refunded to you	73a	2,498
		b Routing number XXXXXXXXXX c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
		d Account number XXXXXXXXXXXXXXXXXXXX		
		74 Amount of line 72 you want applied to your 2006 estimated tax	74	0
Amount You Owe		75 Amount you owe. Subtract line 71 from line 63. For details on how to pay, see the instructions	75	2,498
		76 Estimated tax penalty (see instructions)	76	0
Third Party Designee		Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes Complete the following <input checked="" type="checkbox"/> No		
		Designee's name _____ Phone no. _____ Personal identification number (PIN) _____		
Sign Here		Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
		Your signature _____ Date _____ Your occupation CREDIT REPRESENTATIVE Daytime phone number _____		
		Spouse's signature (If a joint return, both must sign) _____ Date _____ Spouse's occupation LEGAL SECRETARY		
Preparer's Use Only		Preparer's signature _____ Date _____ Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN _____	
		Firm's name (or yours if self-employed) _____ Address, apt. ZIP code _____	EIN 96-4100628 Phone no. 312-205-7225	
KIA		Form 1040 (2005)		